

Augustana College Augustana Digital Commons

Celebration of Learning

Recovery as a Journey, not a Destination: Providing Those Who Suffer from Mental Health with Holistic and Multifaceted Recovery Options

Emma Larson

Augustana College, Rock Island Illinois

Follow this and additional works at: <https://digitalcommons.augustana.edu/celebrationoflearning>



Part of the [Education Commons](#)

Augustana Digital Commons Citation

Larson, Emma. "Recovery as a Journey, not a Destination: Providing Those Who Suffer from Mental Health with Holistic and Multifaceted Recovery Options" (2018). *Celebration of Learning*.

<https://digitalcommons.augustana.edu/celebrationoflearning/2018/presentations/22>

This Poster Presentation is brought to you for free and open access by Augustana Digital Commons. It has been accepted for inclusion in Celebration of Learning by an authorized administrator of Augustana Digital Commons. For more information, please contact digitalcommons@augustana.edu.

Emma Larson
Bachelor of Arts in Public Health and Biology, May 2018
Transitions Mental Health Services
P.O. Box 4238
805 19th Street
Rock Island, IL 61204-4238
Gary Weinstein, L.C.S.W, CEO
309-283-1206, GWeinstein@transmhs.org

Recovery as a Journey, Not a Destination: Providing Those Who Suffer from Mental Illness with Holistic and Multifaceted Recovery Options

Introduction

Mental health in the Quad Cities is in a current crisis, with access to care and funding becoming less and less. During my internship at Transitions Mental Health Services, I quickly learned the barriers a organization like TMHS faces while trying to serve the community. People who suffer from severe mental health issues are subjected to the daily stigma it brings with it, as well as the loss of independence and autonomy in everyday life. Psychotropic drugs can improve some symptoms, but also can make a person feel foggy, uneasy, and all around not themselves. This is where my deliverable project comes into play for people suffering from mental illness. A holistic approach to recovery from mental health has many benefits, including the possibility of lessened dosages of medication. Additionally, it has the potential to be a foundation for further behavior changes that can help them achieve a high quality of life.

Background

During my ten-week internship with Transitions, I learned the interworking's of a mental health service in our community. I shadowed staff meetings, client intake procedures, weekly meetings with the nurse practitioner, and helped prepare meals for clients in the residential program. I also had the opportunity to attend the Scott County Mental Health Court, which is a program Transitions is involved in to help people who are faced with jail time or other correctional penalties. Transitions works closely with nearly 70 other community health organizations to create a collaborative safety net for those suffering from mental ill health and other traumatic debilitating illnesses. However, something that was lacking at TMHS was sufficient resources for clients who are interested in learning about different ways to improve their overall mental health. Because mental health is a diverse problem with many challenging aspects, it requires treatment and management at all different levels. My deliverable came from this need, and its goal is to start the process of looking at individual mental health problems from all angles. The stakeholders invested in this project are the staff at TMHS who work one on one with clients during their recovery. This can be the nurse, the residential staff, therapists, and their community outreach staff and social workers. Other organizations like Transitions in the Quad Cities could also learn from this deliverable and potentially create a similar pamphlet more tailored toward their organization.

Literature Review

Mental Health Stigmas

Every culture has standards that set the limits of normal behavior, and when an individual does not conform to those standards, he or she is labeled abnormal, disturbed, or mentally ill (Mental Health 2016). Individuals in society who struggle with mental health, can be viewed as a burden to those around them (Erkulwater 2010). The two articles previously mentioned talk about why mental health strains society, and the culture as a whole. Erkulwater writes about the mentally ill straining the social security programs, and how people with "real" (physical) disabilities are put at a disadvantage. To add to this, in the article *Mental Health* I found viewpoints that greatly vary when it comes to establishing definitions for mental illness. In 2010, the National Institute of Mental Health recorded that 43.8 million American adults suffer from and experience some sort of mental health problems each year (Mental Health 2010). This is only one of the reasons why mental health care within public health needs to be given a closer look. To add to the prevalence of this problem, many people who suffer from mental

health opt not to pursue the benefits of mental health services because of the stigma associated with it. Patrick Corrigan explains that mental health problems diminish self-esteem and rob people of social opportunities (Corrigan 2004). Additionally, those individuals who do pursue services most often fail to fully adopt the treatment plan, making them more susceptible to failure (Corrigan 2004).

In the past, mental health was viewed as a person's moral shortcomings (Mental Health 2010). Sociologists and psychologists now view mental health as a potential result of age, sex, race, environment, genetics, and social class (Mental Health 2010). This illustrates the importance of mental well-being, spoke about in Henderson's article *Why the way we are living may be bad for our mental well-being*. Mental well-being is an important factor to producing flourishing individuals, economic productivity, and families and communities that work together (Henderson 2012). With the rise of mental ill health, it is important for a society to understand the level of care that must be put into mental well-being, and the positive effects it can have when it is done right. Additionally, more and more people are agreeing that mental health needs to be considered a complete state that has both an illness and a well-being component (Hennessy 2017). Due to a change in how mental health is looked at within the health care system, the tools for assessment of mental health are changing to fit those needs as well. Providing people tools to measure and assess emotions and psychological well-being is a step in the right direction to reducing the stigma revolving around mental health care.

Barriers to Mental Health Care

Sometimes, mental illness is made worse when they speak out about their challenges. A lot of times, in people's effort to receive help, stigmas and the definitions around them can negatively influence their experience. Not only do they have to face the stigma, they also have to face the adverse side effects that come along with many psychotropic drugs used to medicate their symptoms. Due to the stigmas surrounding mental health, people struggling with these mental health problems continue to underutilize the services available to them (Wu 2017). According to the World Health Organization, the single most important barrier to mental health care is the stigma associated toward the person suffering from these disorders (Wu 2017). After further research on mental health stigmas, I found more support for this in *Mental Healthy Policy*. Here, issues on mental health are broken down and also given personal testimonies for. The burden of disease creates a delay of treatment, coinciding with the delay of treatment due to the stigmas surrounding the disease (Mantel 2013). Together, these create compound barriers to care for those suffering from mental health in the United States. Also, to add to this complex health issue the US is currently dealing with, Tyson argues these issues are present and more in the Latino immigrant population (Tyson 2015). Not only this, but based on observations during experiences at Transitions, nicotine addiction was strongly identifiable in a majority of clients. This correlates briefly with the barriers to healthy living, because people who suffer from mental health are also more likely to suffer from nicotine addiction (Peckham 2017). Not only are mental health services in the United States in desperate need of help, funding to the Quad City area in particular has decreased dramatically, making it even more difficult to serve those in need (Anhalt 2017). The need for inpatient and outpatient mental health services in the Quad Cities continues to go up whilst the budgets continually get cut (Anhalt 2017). Cost-effective changes need to be implemented in the greater Quad City area in order to supply resources for some of the poorest and sickest in the community.

Theories in Mental Health

While working with the psychiatric nurse practitioner at Transitions, I learned a variety of techniques she used in her day-to-day work with clients. An important aspect of working with clients in a psychiatric setting is basing the care on a theoretical framework (Güner 2016). A clear goal that the nurse at Transitions has with her clients is to set boundaries and guidelines in order to help them best achieve their goals. This is supported by various theoretical frameworks in the research I have found, as

well as a study conducted with people who have intellectual and mental disabilities (Bakken 2016). In Bakken's article, she goes into detail on the importance of adjusted nursing frames according to the patient you are interacting with. This is especially important when dealing with clients who also suffer from intellectual disabilities. Suffering and pain are universal, no matter the situation that may bring it on. Suffering is found in patients who are battling chronic, acute, and terminal illnesses. An important therapy used with patients who are suffering is called logotherapy. During this time in their life, there are a lot of unanswered questions, stressors, and discomfort. The type of rhetoric used with these patients facilitates a new perspective on their situation (Starck 2017). Just as those with cancer suffer, the same can be said for those with mental health disorders. A very interesting approach to healing discomfort in *The Theory of Meaning* was using the human spirit to defy the odds, and work through suffering triumphantly rather than drudgingly (Starck 2017). This approach may not have widespread popularity in mental health as it does in places like hospice care, but it can still be used to change a persons suffering experience into something less dreadful.

Recovery Options

Mental health is a multifaceted journey that needs to be respected and supported. With each individual's mental health journey comes different problems, barriers, trauma, and backgrounds, all contributing to their current health state. Promoting healthy choice making, autonomy, and collaborative development of health behavior changes can holistically improve symptoms and well-being (Onken 2002). Using different methods to reduce stress and stay active promotes a higher level of overall wellness (Onken 2002). Depression is correlated with comorbidities, and can increase the risk an individual has to develop type 2 diabetes, and other syndromes (Knappen 2014). Not only can physical activity have health benefits, it can also improve a person's self-perception and overall mood (Fox 1999). In addition to the areas of physical and mental health behavior changes, social and family support is also a key factor in helping those who suffer from mental health regain confidence in themselves and their recovery (Pernice-Duca 2010). With meditation and Eastern medicine making an emergence in Western culture, there have been studies on whether meditation can have a significant impact on the reduction of stress, anxiety, and depression. According to a study done in 2008, all of those areas are affected when individuals who have severe emotional distress try meditation (Schreiner 2008). Modern day medicine continues to look at the overall well being of each individual, and this approach also is implemented when dealing with mental health. The success rates of those who rely on different aspects of recovery are much higher than those who only look at their illness from one perspective.

Methods

The transactional model of stress and coping was used in the development of this deliverable because it evaluates how people cope with stress, challenges, harm, and other threats to their overall wellbeing (Glantz 2015). Having a mental illness inhibits that individual's ability to effectively manage their stress, which can lead to multiple comorbidities for them to deal with (Howell 2016). While doing my internship at Transitions, ability to cope with stress was something touched on with clients from the very beginning. When finding health behavior theories to guide my research, the transactional model of stress and coping fit well with my deliverable goals because of its emphasis on areas of support in ones life. The Transitions client base faces unique challenges, but the ability to cope with stress is one aspect heavily touched on in all populations that struggle with mental health. My research began by looking into different recovery options for mental health, along with what helps and what hinders recovery. Helping those with mental health understand they are not alone, and that their mental health is a diverse problem that requires management at different levels was one of the main goals of this project.

Results

My final deliverable is a trifold pamphlet tailored to holistic recovery options. The inside of the pamphlet is filled with facts about mental illness, which illustrate to the reader that they are not alone while also educating them that people who receive treatment have significant reduction in their symptoms. The information I gathered was from A Safer Net in Peril: The State of Mental Health in the Quad Cities, which includes an in depth outline of the services and current situation of mental health in the area (Anhalt 2017). This was a very valuable resource because it was put together by some of the most influential mental health service organizations in the QC. It talks about the current and long-term effects that mental illness can have on not just individuals but also families, communities, and the social justice infrastructure. My pamphlet also includes additional resources for the readers, which were selected with my preceptor. These resources in the Quad Cities all offer mental health support/ services to those in need, and can be an asset to whoever may pick up this pamphlet at Transitions. Additionally, the inside of the brochure is filled with four main health behavior change areas, which can decrease recovery time, and improve overall quality of life. Staying active, eating healthy, meditating, and relieving stress are the points I wanted to focus on with this deliverable. I chose these topics because I not only found support for it in evidence based research, but also because these topics are applicable to Transitions client base directly. This deliverable will aid Transitions staff when clients are curious about additional tools to help them with their recovery process. Having information like this in a handout format can also be less overwhelming to the client during an appointment with a Transitions staff, because they can take the information home with them and find time on their own to implement the behavior changes. This pamphlet fills a gap in educational resources accessible to the nurse practitioner during weekly check-ins. Mental health resources in the Quad Cities are available to its citizens, however, the funding received by each organization is quickly dwindling due to Illinois budget cuts. Staff at Transitions and community organizations like it are over worked and in need of quality resources to turn to when interacting with their clients.

Essential Services of Public Health

This deliverable works with some of the essential services of public health to inform, empower, educate, research, and connect people to ways in which they can improve their health and health behaviors. Working with the essential services of public health ensures that my health intervention will be successful and has guidelines to follow in the event of a needed change to better fit the population needs.

Improve, educate, and empower people about health issues

The first essential service that will be improved upon is to improve, educate, and empower people about health issues. This service of public health has the strongest correlation to my deliverable. This information resource will be available for use among the variety of clients Transitions serves. It will not just be limited to those in the residential program, or those who only receive community outreach assistance. Since this deliverable will be available to a wide range of individuals seeking help, it will serve as a driving factor of improving health and empowering people in the community. It also acts as a resource for those who may not be able to get this type of information elsewhere, which can close gaps in knowledge throughout the community.

Research for new insights and innovative solutions to health problems

Transitions Mental Health Services already employs a multitude of services that are all tailored to best fit that individual. Throughout the years, Transitions and its staff have learned that when treating mental health patients, what works for a patient on Monday, may not be what works for them on Tuesday. Not only does each client benefit from services in a different capacity, they also will respond to

treatments in a variability that cannot be matched in other healthcare services. My deliverable provides staff with a new insight on updated health behavior changes backed by recent research in the field. Creating positive, evidence based solutions is one of the larger goals of this deliverable. Though I will not be able to continually update this information resource for Transitions, it will be a jumping off point for staff to use in their practice.

Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

Often times, clients who are suffering from mental illness don't have the resources to best suit their recovery needs. Connecting clients to resources of information can help them become more autonomous, and take their recovery more seriously. Transitions cannot possibly do everything for the client needs, which is why they rely heavily on community collaboration techniques. Through this collaboration, clients who come to Transitions have better outcomes due to the assets it gives them. My deliverable will serve this need by providing optimal health care services in the community that are available when aid from Transitions may not be. Holistically approaching issues ensures minimization of the problem from every aspect.

Discussion and Next Steps

After working at Transitions and gaining the knowledge I now have about mental health, it has become even more dear to my heart. Helping people who have any illness has been a passion of mine; however mental health often times becomes neglected. Each and every person has their own mental health journey, the only true difference is the challenges and how they are overcome.

A future intern from Augustana could take my pamphlet and expand it into a multipage tool kit that has additional links to resources and guidance. Additionally it would be great if my pamphlet could include online resources to visit on the topics listed inside to add a deeper understanding of the behavior changes available to the reader. The online resources could be things like links to online national mental health organizations like NAMI, the CDC, and the National Institute of Mental Health. Online resources may be a barrier to some, however, so including a balanced amount of access both online and on paper would be the best approach. This deliverable project could take many turns and have a lot of different advantages to those who adapt it to their preferences and needs. I believe my brochure is a good start for Transitions in the realm of creating their own educational resources for clients.

Limitations and Advantages

One disadvantage this deliverable project does have is that the measurement of how effective this will be to the population is hard to gauge, and would be something to be implemented in the future. Creating a survey, or some way to keep track of what health behaviors are implemented and how they improve or affect that individual would be useful in recommendations for future clients at Transitions. Expanding the knowledge presented in the pamphlet would also be an option for clients who are better prepared to receive education on their recovery options. Not every client will have the same response to this kind of educational format, and it may need to be changed depending on the client's current mental status. Having clients keep an activity journal on their success, failures, and outcomes will also be an added benefit to keep track of each individual's progress.

Conclusion

I designed my deliverable with inclusivity and accessibility in mind. This tri fold pamphlet can be used for Transitions client base in the QC and can be changed to fit the needs of other mental health services in the Quad Cities. Transitions helps its clients in any way it can, and educational resources like

handouts, brochures, and pamphlets are given to clients on a semi-regular basis. This deliverable can improve the flow of information and access to resources that Transitions clients receive, and ultimately improve their well-being. TMHS prides itself on taking the individual needs, desires, and strengths of each client and putting them together to form a individualized recovery plan tailored to

Acknowledgements

Gary Weinstein, L.C.S.W, at Transitions was a wonderful preceptor and helped me with anything I needed throughout my SI sequence. He helped me improve my accountability and expanded my knowledge about all things mental health. He is a mentor to me that I know I can keep in touch with and reach out to if I need a recommendation or any professional help. Dr. Lena Hann has also been a very influential person to me during not only my final year at Augustana but also helping me grow as an individual and a public health student. I have endless gratitude for all she has taught me and her drive to help students create the best work they can.

References

- Anhalt, Jackie., & Max Ewalt. (2017). A Safety Net in Peril: The State of Public Mental Health in the Quad-Cities. 1-20. Retrieved from https://www.unitypoint.org/quadcities/filesimages/SafetyNetinPeril_Web.pdf
- Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist*, 59(7), 614-625. doi:10.1037/0003-066x.59.7.614
- Fox, Kenneth. R. (1999). The influence of physical activity on mental well-being. *Public Health Nutrition*, 2(3a). doi:10.1017/s1368980099000567
- Glanz, K., Rimer, B. K., & Viswanath, K. (2015). *Health behavior: theory, research, and practice*. San Francisco, CA: Jossey-Bass.
- Güner, P., & Pehlivan, T. (2016). The Theoretical Framework of Psychiatric Nursing-Part I. *Journal Of Psychiatric Nursing / Psikiyatri Hemsireleri Dernegi*, 7(1), 50-54.
- Hennessy, M. J., Patrick, J. C., & Swinbourne, A. L. (2017). Improving Mental Health Outcomes Assessment with the Mental Health Inventory-21. *Australian Psychologist*. doi:10.1111/ap.12330
- Henderson, G. (2012). Why the way we are living may be bad for our mental well-being, and what we might choose to do about it: Responding to a 21st century public health challenge doi:<https://doi.org/10.1016/j.puhe.2012.05.015>
- Howell, A. J., Passmore, H., & Holder, M. D. (2016). Implicit theories of well-being predict well-being and the endorsement of therapeutic lifestyle changes. *Journal Of Happiness Studies*, 17(6), 2347-2363. doi:10.1007/s10902-015-9697-6
- Knapen, J., Vancampfort, D., Moriën, Y., & Marchal, Y. (2014). Exercise therapy improves both mental and physical health in patients with major depression. *Disability and Rehabilitation*, 37(16), 1490-1495. doi:10.3109/09638288.2014.972579
- Mantel, Barbara. Mental Health Policy. *Issues for Debate in Social Policy: Selections from CQ Researcher*, 23(18), 425-448. doi:10.4135/9781483375342.n15
- Montano, D. (n.d.). Theory of Reasoned Action. *Encyclopedia of Management Theory*, 1-591. doi:10.4135/9781452276090.n292
- Mental Health. *Opposing Viewpoints Online Collection*, Gale, 2016. *Opposing Viewpoints in Context*, <http://link.galegroup.com/apps/doc/PC3010999262/OVIC?u=rock64058&xid=df7b64a9>. Accessed 5 Feb. 2018.
- National Alliance on Mental Health. *Mental Health by the Numbers*. Retrieved from <https://www.nami.org/learn-more/mental-health-by-the-numbers>.

- Nutbeam, D. (2000). Health literacy as a public health goal: A challenge for contemporary health education and communication strategies into the 21st century. *Health Promotion International*, 15(3), 259-267. doi:10.1093/heapro/15.3.259
- Onken, S. J., Ph.D., & Dumont, J. M., Ph.D. (2002). MENTAL HEALTH RECOVERY: WHAT HELPS AND WHAT HINDERS? A NATIONAL RESEARCH PROJECT FOR THE DEVELOPMENT OF RECOVERY FACILITATING SYSTEM PERFORMANCE INDICATORS. *National Technical Assistance Center for State Mental Health Planning, National Association of State Mental Health Program Directors.*, 1-104.
- Peckham, E., Brabyn, S., Cook, L. (2017). Smoking cessation in severe mental ill health: what works? An updated systematic review and meta-analysis. *BMC Psychiatry*, 2-18.
- Pernice-Duca, F. (2010). Family Network Support and Mental Health Recovery. *Journal of Marital and Family Therapy*, 36(1), 13-27. doi:10.1111/j.1752-0606.2009.00182.x
- Schreiner, I., & Malcolm, J. P. (2008). The Benefits of Mindfulness Meditation: Changes in Emotional States of Depression, Anxiety, and Stress. *Behaviour Change*, 25(03), 156-168. doi:10.1375/behc.25.3.156
- Tessier, J.M., Erickson, Z. D., Meyer, H. B., Baker, M. R., Gelberg, H. A., Arnold, I. Y. (2017). Therapeutic Lifestyle Changes: Impact on weight, quality of life, and psychiatric symptoms in veterans with mental illness. *Military Medicine*, 182(9).
- Tyson, D. M., Arriola, N. B., & Corvin, J. (2015). Perceptions of Depression and Access to Mental Health Care Among Latino Immigrants. *Qualitative Health Research*, 26(9), 1289-1302. doi:10.1177/1049732315588499
- Wu, I. C., Bathje, G. J., Kalibatseva, Z., Sung, D., Leong, F. L., & Collins-Eaglin, J. (2017). Stigma, mental health, and counseling service use: A person-centered approach to mental health stigma profiles. *Psychological Services*, 14(4), 490-501. doi:10.1037/ser0000165